

**FILED**

DEC 7 2015

Phil Lombardi, Clerk  
U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Case No. 09-CR-043/15-5109

Plaintiff/~~Defendant~~/~~Appellant~~,

Motion for Leave to Proceed on  
Appeal Without Prepayment of  
Costs or Fees (non-PLRA)

v.

LINDSEY KENT SPRINGER,

~~Defendant/Respondent/Appellee~~

I, LINDSEY KENT SPRINGER, the petitioner/appellant in the  
captioned case move this court for leave to proceed in forma pauperis.

In support of this motion, I state that because of my poverty, I am unable to pay the  
costs of said proceedings or give security therefor, I submit the following financial  
declaration.

(from page 2 "issues" continued)

ment procured by fraudulent representations of Article III standing is never  
final, is the Tenth Circuit's recent divided decision in U.S. v. Williams, in  
opposite to Defendant's equitable motion to enjoin where Williams filed a  
motion to withdraw his guilty plea and Defendant's motion seeks to enjoin the  
April 28, 2010 judgment.

☒ Mail ☐ No Cert Svc ☐ No Orig Sign  
☐ C/J ☐ C/MJ ☐ C/Ret'd ☐ No Env  
☐ No Cyps ☒ No Env/Cyps ☐ O/J ☐ O/MJ

## FINANCIAL DECLARATION

### Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

**Instructions.** Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

(1) Is Defendant's arguments that the Court's Article III Judicial Power ceased upon O'Meilias's resignation, and was only continued upon the commission of at least 13 intentional fraudulent representations involving Article III standing by Woodward, Snoke, O'Reilly, Williams, and Gallant, which Defendant clearly rebutted any presumption their representations were in fact true, legally frivolous; (2) Is a motion to enjoin the enforcement of a fraudulent judgment, procured by fraudulent representation of Article III standing, an exception to the rule of finality and not subject to 28 U.S.C. § 2255's post final judgment remedy; (3) Is a motion to enjoin enforcement of the judgment for fraudulent representations of Article III standing an issue in equity and not subject to the district court's collateral jurisdiction under § 2255; (4) Where a judgment is reversed, is the district court's jurisdiction over the case terminated? (con't on pg.1)

1. Are you or your spouse currently employed? Yes \_\_\_\_\_ No X (con't on pg.1)

2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

Yourself:

Name and Address of Employer

P.O. Box 6000, Anthony, NM

Your Spouse:

Name and Address of Employer

I have no Spouse

Length of Employment

5      7  
Years    Months

Length of Employment

                  
Years    MonthsMonthly Gross Pay \$ 58.00 appxMonthly Gross Pay \$                     

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself                     ; spouse                     Monthly gross pay during last month of employment \$                     

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

		You	Spouse	You	Spouse
Self-employment	Y/N <u>N</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Income from real property (such as rental income)	Y/N <u>N</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Interest and dividends	Y/N <u>N</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Gifts	Y/N <u>Y</u>	\$ <u>135.00</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Alimony	Y/N <u>N</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Child Support	Y/N <u>N</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>

Retirement income from sources  
such as social security, private  
pensions, annuities, or insurance  
policies

Y/N N \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Disability payments such as social  
security, other state or federal  
government, or insurance  
payments

Y/N N \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment payments

Y/N N \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Public assistance payments such as  
welfare payments

Y/N N \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other sources of money

(specify: 1 time gift)

Y/N Y \$ 200.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL

Appx. \$ 151.60 ave. \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
58.00 prison  
\$ 209.60

5. State the amount of cash you and your spouse have: \$ 37.00

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:

Type of Account  
such as savings,  
checking, or CD:

Amount you  
have:

Amount your  
spouse has:

None

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

<b>Home</b>	Address: <sup>None</sup> _____	Value: \$ _____ Amount owed on mortgages and liens: \$ _____
<b>Other real estate</b>	Address: _____	Value: \$ _____ Amount owed on mortgages and liens: \$ _____
<b>Motor vehicle</b>	Model/Year: _____	Value: \$ _____ Amount owed: \$ _____
<b>Motor vehicle</b>	Model/Year: _____	Value: \$ _____ Amount owed: \$ _____
<b>Other</b>	Description: _____	Value: \$ _____ Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?	
<u>None</u>	<u></u>	<u></u>	Yes <u></u>	No <u></u>
<u></u>	<u></u>	<u></u>	Yes <u></u>	No <u></u>
<u></u>	<u></u>	<u></u>	Yes <u></u>	No <u></u>
<u></u>	<u></u>	<u></u>	Yes <u></u>	No <u></u>

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>zero</u>	\$ <u></u>
Are real estate taxes included? Yes <u></u> No <u></u>		
Is property insurance included? Yes <u></u> No <u></u>		
Utilities: Electricity and heating fuel	\$ <u>zero</u>	\$ <u></u>
Water and sewer	\$ <u>zero</u>	\$ <u></u>
Telephone	\$ <u>40.00</u> apx.	\$ <u></u>
Other <u>Trulinks</u>	\$ <u>25.00</u> apx.	\$ <u></u>
Home maintenance (Repairs and upkeep)	\$ <u>zero</u>	\$ <u></u>
Food	\$ <u>30.00</u> apx.	\$ <u></u>
Clothing	\$ <u>zero</u>	\$ <u></u>
Laundry and dry cleaning	\$ <u>6.00</u> apx.	\$ <u></u>
Medical and dental expenses	\$ <u>2.00</u>	\$ <u></u>
Transportation (not including car payments)	\$ <u>zero</u>	\$ <u></u>

Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>zero</u>	\$ _____
Charitable contributions	\$ <u>zero</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)	<u>zero</u>	
Homeowner's or renter's	\$ <u>zero</u>	\$ _____
Life	\$ <u>zero</u>	\$ _____
Health	\$ <u>zero</u>	\$ _____
Auto	\$ <u>zero</u>	\$ _____
Other _____	\$ <u>zero</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ <u>zero</u>	\$ _____
Credit Card: (name) _____	\$ <u>zero</u>	\$ _____
Department Store: (name) _____	\$ <u>zero</u>	\$ _____
Other _____	\$ <u>zero</u>	\$ _____
Other _____	\$ <u>zero</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>zero</u>	\$ _____
Payments for support of additional dependents not living at your home	\$ <u>zero</u>	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>zero</u>	\$ _____
Other <u>Stamps, Copies, Typing Ribbon, Correct Tape, Envelopes</u>	\$ <u>90.00</u>	\$ _____
 TOTAL MONTHLY EXPENSES      appx.	 \$ <u>193.00</u>	 \$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes \_\_\_\_\_ No X

If yes, describe.

*I may be receiving help with fees from family and friends.*

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No X

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No X

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes \_\_\_\_\_ No X

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No X

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How much can you pay each month toward the docket fee for your appeal.

\$ \_\_\_\_\_

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal.

16. State the address of your legal residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your daytime phone number:

( ) \_\_\_\_\_

Your age: 50

Years of schooling: High School Graduate

Your social security number: XXX-XX-3758

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: 12/1/15 Signature: 

### CERTIFICATE OF SERVICE

I hereby certify that on December 1, 2015 I sent a copy of  
[date]

the foregoing Motion for Leave to Proceed on Appeal without Prepayment of  
Costs of Fees, to:

Clerk of Court, at 333 West Fourth Street, Tulsa,  
Oklahoma 74103

\_\_\_\_\_, the last known  
address/email address, by First Class Mail.

[state method of service]

I further certify that all parties are registered ECF users and shall  
receive service to the following through that ECF System: USA

12/1/15  
Date

  
Signature

### DECLARATION OF MAILING

I declare under the penalty of perjury pursuant to 28 U.S.C. § 1746(1),  
under the laws of the United States of America, that on December 1, 2015, I  
deposited the above Motion in the U.S. Mailbox located inside FSL La Tuna to  
the address of Clerk of Court above.

  
Declarant

Lindsey Kent Springer  
Reg. # 02580-063  
Federal Satellite Law-Atlanta  
P.O. Box 6000  
Anthony, N.M. 88021

01-02-13 SPF



Postmark 12/3/15-8

"Legal Mail"

**RECEIVED**

DEC 7 2015

Phil Lombardi, Clerk  
U.S. DISTRICT COURT

⇔ 02580-063 ⇔

Clerk Of Court  
Northern District of Okla  
333 W 4TH ST  
Tulsa, OK 74103  
United States

741033839 0006

